PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

(* 4

RECEIVED

JAN 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Koylo N	1. Montgomery		<u> </u>	DEFARTMENT
II. Name of lobbyist's partnership,	firm or corporation,	if any:		
Planned Porenthood NH Action Full (Name of partnership,		 	· · · · · · · · · · · · · · · · · · ·	
18 Low Ave	Concord		NH	03301
Business Address: (Street)	(Town/City))	(State)	(Zip Code)
(603) 674-8372			e-mai Koylo.Mont e	gomery@ppnne.org
(Telephone)	<u> </u>	Fax)		
				Gla a como unto unno ut fou
III. This statement covers: (Choose reportable expense transactions wh	one – Ille separate re ich are not attributat	ports for each	client, OK you ma	y me a separate report for
reportable expense transactions wil	ich are not attributat	ic to any one	chemey.	
All reportable transactions occurr	ing in the months prior	to the reporting	ng date relative to the	e following client:
Planned Parenthood	d NH Action Fund	. f	<u> </u>	<u></u>
	Client as it appears on the	Lobbyist Regis	tration Form)	
<u>OR</u>				
☐ All reportable transactions by the l	lobbyist (including the	lobbyist's fam	ily), or the lobbying	firm listed below which are
unrelated to any particular client.				* = *
			1 25: 2019 - T	
IV. Date of Report April 25, 20 Reports cover: activity from date of the second secon	registration to 3/31/18		ly 25, 2018 rom 4/1/18 to 6/30/18	
October 31,	·		nuary 30, 2019 🖫	
activity from 7/1			from 10/1/18 to 12/31/	78
activity your // _	,10 10 11 11 11 11 11 11 11 11 11 11 11 1			
V. There have been no fees recei	ved and no reporta	ble transacti	ons made since th	ie last report. 🗓 💢
If this box is checked, complete just the	iis form and submit it to	o the Secretary	v of State's Office, S	tate House, Room 204,
Concord, NH 03301.				
VI. Check if additional reports are	attached:			
If you have received fees or made		st file Addend	lum A- Fees and Ex	penses
☐ If you have paid an honorarium o				
Expense Reimbursement				
☐ If you, your firm, or your family	has made political conf	tributions, you	must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation by L	obbvist			
1 have read RSA 15, RSA 15-B, RSA	14-C and RSA 664 an	d hereby swea	r or affirm that the f	oregoing information is true
and complete to the best of my knowl	edge and belief.			
1/11/11/11/11/11	~		a fo Alaa	
(Signature of lobbyist)			1/24/19 (Date	e)
Topping of 1999) 199		autorius (n. 1845). Temporarius (n. 1846).		
Kayla M. Montgomery				
(Print Name of lobbyist)				